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GET TO KNOW THE BFCC-QIO

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Timeline - Review and Quality

1965: Medicare became part of Social Security coverage.

1972: Medicare Professional Standards Review Organizations (PSROs).

1982: Renamed Peer Review Organizations (PROs).

1996: Collected data, measured progress, and identified areas for improvement.

1999: Renamed Quality Improvement Organizations (QIOs).

2014: QIO Program was reorganized.

- Beneficiary and Family Centered Care (BFCC)-QIOs
- Quality Innovation Network (QIN)-QIOs

2019: BFCC-QIOs were realigned with standardized regions.



Read more:

 $\frac{https://qioprogram.org/qionews/articles/history-qio-program#: ``:text=In%201965%2C%20President%20Lyndon%20Johnson, treatment%20for%20people%20over%2065.$

BFCC-QIOs: Protecting and Serving

- Medicare beneficiaries have the right to high quality healthcare.
- These rights are protected through physician (peer) review.
- Case Review Services
 - Discharge or Skilled Service
 Termination Appeals
 - Quality of Care Complaints
- Immediate Advocacy: Real-time assistance to resolve issues with care or Medicare-covered services.



Two Contractors = National Coverage



What Do We Do?

Appeals

Quality of Care Complaints

Immediate Advocacy Services

Appeal History

- Medicare appeals are a result of either litigation or regulatory changes.
- Grijalva v. Shalala 1993
 - Nationwide class action lawsuit representing Medicare beneficiaries who were denied services by an HMO with or without notice and whose claims for reconsideration of the denial were never resolved as well as individuals who claimed they were given inadequate notice or appeal rights.
 - The Centers for Medicare & Medicaid Services' (CMS) Final Rule was published in late 2003.
 - Medicare Advantage appeals began in January 2004.

Appeal History (continue page 1)

- Section 521 of Medicare, Medicaid, SCHIP Benefits
 Improvement and Protection Act 2000 (BIPA) restructures
 the process traditional Medicare beneficiaries can use to
 - appeal claim denials.
- CMS' Final Rule was published early 2005.
- Appeal implementation began in July 2005.



Appeal History (continue page 2)

- Rules and regulations setting specific:
 - Residential skilled nursing facility (SNF) and hospice
 - Non-residential home health agency (HHA) and comprehensive outpatient rehabilitation facility (CORF)
- Gives beneficiaries notice of impending termination of skilled services.
- Establishes financial liability.
- Gives beneficiaries the right to disagree with the termination of skilled services.

Appeals

Acute Care: Discharge Appeals

- Important Message from Medicare (IM)
- Timely appeal: Midnight the day of discharge
- Preadmission/Admission Hospital Issued Notice of Non-coverage (HINN)
- Hospital Requested Review (HRR)

Post Acute Care: Skilled Service Termination Appeals

- Notice of Medicare Non-coverage (NOMNC)
- Timely appeal: Noon the day before services are ending

Appeals Process Overview



The beneficiary or representative calls the BFCC-QIO for an appeal.

Medical records are requested from provider(s).

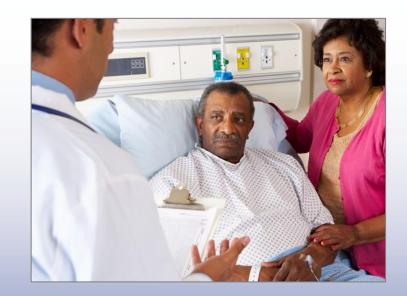
Medical record is reviewed by the BFCC-QIO physician.

The beneficiary and provider (and plan if necessary) are notified of the decision.

Example of an Appeal

A beneficiary's wife was **concerned** about her husband's hospital discharge. She was going to be the primary caregiver at home and was concerned about **her ability**

to take care of him. Even with an order for home health services, she was not sure that he was ready for discharge.



Defining and Processing Complaints

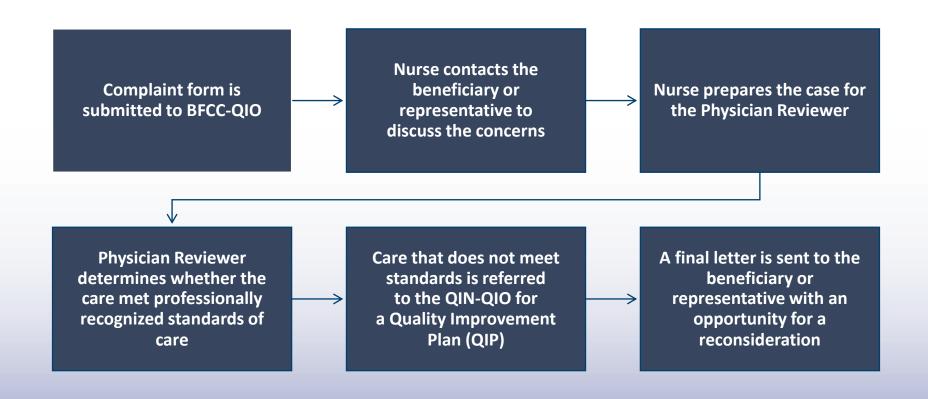
In order for the BFCC-QIO to process a complaint, it must meet the eligibility criteria established by CMS. Specifically, the complaint must:

- Be related to the quality of care received by a beneficiary, regardless of whether the beneficiary or Medicare paid for the care, but for which payment may otherwise be made under title XVIII.
- Be written (includes e-mail, facsimile, or hard copy submission).
- Express concern about the quality of care received.

Defining and Processing Complaints (page2)

Once the BFCC-QIO has received a written complaint and it meets the eligibility criteria, it will request the medical records, so that it can be determined whether of not the health care that was provided meets all professionally recognized standards of care.

Complaints Process Overview



Example: Beneficiary Complaint

A beneficiary went to the emergency department with a stroke. There was a **delay in treatment**, and the window for the proper medication was missed. Because of this delay, the beneficiary **ended up with worsening symptoms**. The beneficiary felt that if the treatment had started sooner, the **outcome** would have been better.

As a stakeholder, any issues that you may hear about such as this would be an appropriate referral even if the patient has been discharged.

Beneficiary Complaints

- Must be about quality of care (medical record review).
 - Examples include wrong diagnosis or wrong treatment plan.
- Care must have occurred within the last three years and be covered under Medicare.
- Important aspects about the process:
 - Encouraged to complete a CMS complaint form.
 - Must be filed by a Medicare beneficiary or his or her representative.
 - Findings not admissible in a lawsuit.

Immediate Advocacy

As an informal dispute resolution process:

- There is no formal medical record review by physicians.
- Providers are not mandated to participate.
- Hospice organizations now issue notices regarding Immediate Advocacy.

When is Immediate Advocacy appropriate?

- Beneficiary is experiencing a care or service problem in a care setting that accepts Medicare.
- Immediate Advocacy is best for current care.
- Beneficiary concerns pertain to Medicare-covered services or care.
- Examples include medication problems, communication gaps, discharge issues, equipment or supply problems, care plan or treatment concerns.

Immediate Advocacy: Process

A Medicare beneficiary calls the BFCC-QIO with concerns about her home health agency. Her physical therapy is being cut short from the allotted time.

Immediate Advocacy (IA) begins when the beneficiary gives verbal consent for BFCC-QIO to contact the home health agency regarding her concerns.

BFCC-QIO staff contacts the home health agency, and they agree to participate in the IA process.

All parties discuss the situation and work towards a resolution. It's determined a new physical therapist will take over treatments. All parties were satisfied with the IA process.

Immediate Advocacy Can Improve Patient Safety

- A Medicare beneficiary was discharged from the hospital and was receiving Medicare-covered services from a local home health agency.
- When the home health nurse arrived at the patient's home, she was not wearing the required mask to prevent transmission of COVID-19.
- Despite the beneficiary requesting that the nurse wear the appropriate personal protective equipment, the nurse refused and further stated negative views about the COVID-19 vaccine.
- Concerned about her own health and the health of others living in the family home, the beneficiary asked her caregiver to reach out to the BFCC-QIO for help.

Immediate Advocacy Supports Health Literacy

- A Medicare patient's husband called the BFCC-QIO with concerns about his wife's
 discharge from a skilled nursing facility. After a care conference with the surgeon,
 the participants determined the patient's husband was capable of taking care of
 his wife with home health services.
- However, once his wife was home, he had questions. He called the BFCC-QIO to request help with understanding the plan of care and continued treatment options.
- The clinical care coordinator (CCC) at the BFCC-QIO worked with the SNF social
 worker to schedule a three-way conference call with the home health agency,
 social worker, and the patient's husband. The meeting gave the patient's husband
 a chance to ask follow-up questions to help both him and his wife better
 understand the plan of care.
- Now, they were **comfortable with the next steps** for continued treatment. The CCC followed up with the patient's husband to reinforce his confidence going forward.

Livanta States and Territories



Course Catalog - Livanta Education

For Advocacy Organizations:

- Five unique webinars covering BFCC-QIO services.
- Available on Livanta website under the Advocates menu.
- Email us to get started.

Course catalog available at:

https://LivantaQIO.com/assets/files/12CP9

6 Course Catalog Advocates.pdf

Check out our other resources:

https://LivantaQIO.com/en/Advocates/Res

<u>ources</u>



The Livanta Compass: e-Journal

Distributed weekly by email

- Purpose: Educate, engage, empower.
- Topics that pertain to Medicare, healthcare, quality, aging, BFCC-QIO services.
- Sign up on website.
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Livanta - Contact Information

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Kepro States



Kepro's Mission

- Kepro BFCC-QIO's mission is to improve lives through healthcare quality and clinical expertise.
- We attempt to drive real change in the healthcare system that allows healthcare dollars to reach more people by ensuring the right care is delivered at the right time.
- This allows for the maximization of healthcare quality, improves accuracy, and increases efficiency.

Finding Information

Website

- Case Status
- Information Repository

Outreach Specialists can provide value to your organization by sharing relevant information and updates via:

- Joint presentations
- Quarterly staff trainings
- Webinars
- Conference calls
- Advisory boards

Kepro Information

- Sign up for Kepro's email list to receive Special Bulletins and Case Review Connections, a quarterly newsletter: www.keproqio.com/email
- YouTube: <u>Kepro BFCC-QIO</u>
- More information can be found on Kepro's website: www.keprogio.com

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Questions & Answers

